

## Practice Supports Ease Transition to PCMH Model

A new study indicates that small and solo primary care practices that transition to the patient-centered medical home (PCMH) model are more likely to save money and improve efficiency and quality of care if they have access to care-management services and other practice support systems during the transition. The study published in the online edition of the *Journal of General Internal Medicine* found that practices that received redesign support, embedded care managers, and a revised payment plan achieved significant improvements in hypertension control and breast cancer screenings, and reduced emergency department visits compared with practices that received only yearly payments for participating in the study. The results also suggest that more intensive case management efforts could produce more dramatic cost savings and quality improvements. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20120424smallpcmhstudy.html>.

## Proposed Bill Targets Health Care Advertising

The American Academy of Family Physicians (AAFP) and 14 other physician organizations are supporting H.R. 1427, also known as the Truth in Healthcare Marketing Act. The legislation, sponsored by Reps. Larry Bucshon, MD (R-Ind.), and David Scott (D-Ga.), would prohibit health care professionals from making deceptive statements or engaging in behavior that misleads patients in marketing efforts. The proposed act also requires the Federal Trade Commission to address false and misleading advertising among health care professionals, and to provide additional resources to enforce consumer protection laws in the health care setting. For more information, visit <http://www.aafp.org/news-now/government-medicine/20130430truthinadvertising.html>.

## Peer Coaching Improves Diabetes Outcomes

Peer health coaches and care management teams can help improve clinical outcomes in patients with diabetes mellitus when added to the medical care provided by a patient's primary care physician, according to two studies published in the March/April issue of *Annals of Family Medicine*. Researchers reported significant reductions in A1C levels in patients who had access to enhanced care. One study, "Impact of Peer Health Coaching on Glycemic Control in Low-Income Patients With Diabetes," found that patients with chronic disease benefit from an ongoing relationship

with someone who provides resources and encouragement. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20130402annalsdiabetesstudies.html>.

## Congress Urged to Invest More in Primary Care

In testimony before the Senate Health, Education, Labor and Pensions Subcommittee on Primary Health and Aging this April, family physician George Rust, MD, MPH, called on Congress to dramatically increase funding for Title VII and VIII health professions training programs. Rust, codirector of the National Center for Primary Care at the Morehouse School of Medicine in Atlanta, Ga., told the committee that primary care gives people "the right care, in the right setting, at the right time," which makes it possible to prevent patients from being hospitalized in many instances, and leads to savings in health care costs. He also called on Congress to sever the link between graduate medical education and hospital-based subspecialty care, and to create direct, sustainable funding for non-hospital-based residency programs. For more information, visit <http://www.aafp.org/news-now/government-medicine/20130426rusttestimony.html>.

## AAFP, USPSTF Differ on Age for HIV Screening

The AAFP and the U.S. Preventive Services Task Force (USPSTF) have each issued new recommendations regarding the routine screening of normal-risk adolescents and adults for human immunodeficiency virus (HIV) infection. The recommendations mirror each other in all aspects but one: age. The USPSTF recommends that health care professionals screen for HIV infection beginning at 15 years of age, whereas the AAFP recommends that routine screening begin at age 18. Doug Campos-Outcalt, MD, MPA, the AAFP's liaison to the USPSTF, explained that although the evidence base for recommendations regarding adults is solid, the prevalence of HIV infection in persons younger than 18 years is too low to justify routine screening, and that earlier screening should be based on risk. The Centers for Disease Control and Prevention, meanwhile, recommends routine screening for HIV starting at 13 years of age. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20130429hivscreenrecs.html>.

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